## TENNESSEE DEPARTMENT OF EDUCATION OFFICE OF TEACHER LICENSING EXPERIENCE VERIFICATION FORM

This form does <u>not</u> need to be completed for experience which has been accrued at a Tennessee Public School. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

## IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent when you are employed.

Name	Social Security Number			Teacher Reference Number			
School System	State			School System's Telephone Number			
EXPERIENC	E RECORD (Plea	se list experience ye	early beginning	with July 1 a	nd ending J	une 30.	
Name of School	Position and	Grade Level	School Year		Time Served		Full Time or
			Start Date	End Date			Indicate
			Mo/Day/Yr	Mo/Day/Yr	Month(s)	Day(s)	% Part Time
<b>T</b> he above selection of the selection o					1		
The above school system or co	ollege was fully app	roved or accredite		at the time s	service wa	s perfo	rmed.
(State Department of Educat	ion or Assoc. of C	olleges & Schoo	ols)				
Public School	Public School U.S. Govt. School			Private School			
				,			
Full Time Membe	er of College or Un	iversity Faculty					
I hereby certify that the above li (This form must be signed by	=			cords on fil	e for the te	eacher r	named above.
Signature		Title		Date			
AddressStreet/P.O. Box		City	. =	- Ota-	e	7in Cad	
Street/P.U. BOX		City		Stat	e	Zip Cod	e

ED-0228-OEL-1

**REV 05-02**